Requirements for Licensure by Examination in Alabama

- ❖ A completed application for Licensure by Examination in BLUE or BLACK ink.
- Official Transcript from your school of nursing
 - Student copies are not accepted.
 - Transcripts must be received at the Alabama Board of Nursing in a sealed envelope from your school of nursing.
- ❖ Appropriate fees (\$85 for the application and an additional \$50 if requesting a temporary permit)
- Register for NCLEX Exam with Pearson VUE (this is in addition to applying with the Alabama Board of Nursing)
 - Follow the instructions in the "NCLEX Candidate Bulletin" or
 - Register online at http://www.pearsonvue.com/nclex or
 - Register by phone 1-866-496-2539

Candidates Requesting Special Accommodations

Requests for modification of the procedures for administering the examination for candidates with disabilities, must be submitted to the Board with the application for licensure and must include an evaluation of the disability by the applicant's licensed physician or licensed psychologist and a statement from the director of the nursing education program addressing any accommodations made during the nursing education process.

- ❖ Applicants who have taken NCLEX in another state
 - Complete Part I of the "Out of State Repeat Examination Application" and mail the form along with a self addressed stamped envelope to the state Board of Nursing where you originally applied for licensure by exam. Contact the respective Board to see if a fee is charged for completion of the form.
 - Enclose the completed form with your application packet.

Temporary Permits

A first time applicant for licensure by examination may request a nonrenewable 90 day temporary permit to practice nursing. The permit will be issued upon approval of a completed application packet for licensure by examination.

- The permit will enable the applicant to practice as a Nursing Graduate under the supervision of a currently licensed registered nurse physically present in the facility and under direct supervision of a registered nurse physically present and accessible to designate or prescribe a course of action when performing more complex or advanced skills.
- A temporary permit will expire upon receipt by the applicant of notice of licensure approval and issuance of a license or license disapproval or upon notice of failure to pass the examination.
- The applicant must notify their employer immediately upon receipt of notice of failure to pass the examination or of licensure disapproval.

Payment

- Fees may be paid by money order, certified check, cashier's check, corporate or business check and personal check. (Please note the restrictions of personal checks.)
- Counter checks are not an acceptable method of payment. Personal checks shall be imprinted with the name, address and account number of the licensee.
- Personal checks by third parties (spouse, friend, parents, etc.) are not acceptable. Again, the name
 of the applicant or licensee must be imprinted on the check.
- Personal checks on out-of-state banks are not acceptable.
- Applicants or licensees who have checks returned to due to insufficient funds may be prohibited from paying any future fees by personal check. As of January 1, 2003, the bad check charge will be \$30.

- Applicants from Outside the United States:
 - A social security number is required prior to issuance of a license.
 - Provide certification from the Commission of Graduates of Foreign Nursing Schools (CGFNS).
 Also, have a full course by course evaluation package furnished by CGFNS forwarded to the AL Board of Nursing
 - Be a graduate of a nursing education program approved by the proper authorities in the country where the program is located.
 - Meet the requirements for nursing program content employed as criteria for approval in Alabama at the time of the applicant's graduation.
 - Make up any educational deficiencies.
 - Provide proof of completion of secondary school or its equivalent.
 - Pass the National Council Licensure Examination (NCLEX).
- If your address changes following submission of this application, notify the Board office immediately.
- Applicant check list:
 - Completed Application for Licensure by Examination
 - Official Transcript from your school of nursing
 - Out of state repeat examination application (if applicable)
 - o Documentation for any "yes" answers to the Regulation questions (if applicable)
 - o Appropriate payment of fees to the Alabama Board of Nursing
 - Register for NCLEX with Pearson VUE
- Applicants can complete the Application for Licensure by Exam and pay the fee to the Alabama Board of Nursing using a credit or debit card under the online services section of the Board's website at www.abn.alabama.gov. Official transcripts still need to be mailed.
- Repeat Examination Applicants
 - Complete the Application for Licensure by Exam
 - Pay the \$85 fee
 - Register for NCLEX with Pearson VUE

Revised 11/04/05





Alabama Board of Nursing

P.O. Box 303900 Montgomery, AL 36130-3900 Telephone: 1-800-656-5318 FAX: 334-242-4360

FAX: 334-242-4360 Email: abn@abn.state.al.us

CHECK (✓) APPLICABLE BOXES

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FIRST TIME APPLICANT FOR NCLEX EXAM: □ RN (Enclose \$85 fee) □ LPN (Enclose \$85 fee) □ Temporary Permit (Enclose \$50 fee)
REPEAT APPLICANT FOR NCLEX EXAM: RN (Enclose \$85 fee) LPN (Enclose \$85 fee) Not eligible for Temporary Permit

IMPORTANT

COMPLETE THIS FORM AND INCLUDE ALL FEES, AND DOCUMENTS AS INSTRUCTED AND MAIL TO THE ALABAMA BOARD OF NURSING. AT THE SAME TIME, REGISTER FOR THE NCLEX EXAM FOLLOWING THE INSTRUCTIONS IN THE "NCLEX CANDIDATE BULLETIN". THE BOARD OF NURSING WILL NOT SEND CONFIRMATION OF RECEIPT FOR EXAM APPLICANTS.

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_EG/	AL NAME	First	Mi	ddle	Mai	iden		
₋IST	ANY PREVIOUSLY USED NAMES/AL	LIASES						
SOCIAL SECURITY NUMBER			DATE OF BIRTH	GENE	GENDER: MALE o FEMALE o			
PERI	MANENT STREET ADDRESS							
CITY		COUNTY	STATE	ZII	P CODE _			
DAY-	TIME PHONE	FAX		EMAIL				
NUR	SING PROGRAM (Name, City, State)			PROGR	AM CODE			
DATE	E OF COMPLETION (Date must agree	with transcript)	DIPLOMA	OR DEGREE AW	ARDED			
ARE	ARE YOU REQUESTING A TEMPORARY PERMIT? NO \square YES \square If YES, include name/address of anticipated employer, if available.							
HAVI	E YOU EVER TAKEN THE NCLEX EX	AM FOR THIS LICENSI	E TYPE? YES 🗆 NO 🗆	☐ (If NO, skip to RE	GULATION	questions)		
NAM	E USED ON LAST APPLICATION TO	TEST	First	Middle		Maiden		
IST	<u>ALL</u> DATES AND STATES WHERE Y				IIS TYPE OF			
		250						
anothe	answer to any of the following questions is YES, at er board of nursing. If this information has been rs to be reviewed.	tach a detailed explanation and						
1. 2. 3.	Have you ever been arrested or convicted Have you within the last five years abused Have you ever been arrested or convicted	drugs/alcohol or been treat for driving under the influen	ed for dependency to alcoho ice of drugs/alcohol?	l or illegal chemical su		YES NO YES NO YES NO		
1. 5. 6. 7.	Have you within the last five years received illness? Have you ever had disciplinary action or is have you ever been placed on a state and have you ever been court martialed/disciplinary.	action pending against you or federal abuse registry?	by any state board of nursin		t for mental	YES NO YES NO YES NO YES NO		
	•	•	-					

AFFIDAVIT OF AFFIRMATION OF ELIGIBILITY FOR LICENSURE BY EXAMINATION

I affirm that the information recorded on this application concerning any item contained herein is true and correct. I understand that I may be required to submit documentation to support my affirmation. I further understand that any false statement is in violation of the Code of Alabama and the Board of Nursing Administrative Code and constitutes cause for disciplinary action.

YOUR SIGNATURE IS REQUIRED TO COMPLETE THIS APPLICATION.

Signature	Date



OUT-OF-STATE REPEAT EXAMINATION APPLICATION

APPLICANT INSTRUCTION: Complete Part I of this form and send this form along with a self-addressed stamped envelope to the state or province where you originally took the licensure examination following graduation. That Board will complete the information in Part II and return this form to you. You may need to ask the respective Board if a fee is charged for completion of this form.

PART I (TO BE COMPLETED BY APPLICANT)

LEG	GAL NAME				
	Last	First	Middle	N	Maiden
PEF	RMANENT STREET ADDRESS				
CIT	Υ	COUNTY	STATE	_ ZIP CODE	
SOCIAL SECURITY NUMBER			DATE OF GRADUATION _		
NUF	RSING PROGRAM COMPLETED				
		School of Nursing	City	S	itate
l he	ereby give authority to the Boa	rd to release the requeste	ed information below:		
			Applicant's S	Signature	
	RT II (TO BE COMPLETED PLIED FOR LICENSURE BY		D OF NURSING WHERE A	PPLICANT (ORIGINALLY
1.	Has this individual ever written the	licensure examination (SBTP c	or NCLEX) in your state? If YES, w	hen?	YES o NO o
2.	Is there any reason (i.e. state reg NCLEX in your state? If YES, plea be eligible to rewrite the examination	ise state the reason and what a	action would the applicant have to		YES o NO o
3.	Does your state have limitations graduation? If YES, please state s			of time since	YES o NO o
	AFFIX BOARD SEAL	Signature			
	HERE	State Board			
		Date			